

# Appendix 5: Sample Lab Slip

State of Wisconsin  
Department of Natural Resources  
and Laboratory of Hygiene

## Test Request - Citizen Lake Monitoring Network

**\*\* DO NOT PHOTOCOPY \*\***

May

### Billing and Reporting

Account Number SH018	Field Number (Bottle Label ID) 193013-May
DNR User ID filbej	Report To Name Jennifer Filbert

### Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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### Sample Type

Sample Type:  SU Surface Water

### Who collected the sample

Collected By Name	Telephone	Email
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### Where the sample was collected

Station ID (STORET #) 193013	Sample Address or Location Description Ellwood Lake - Deep Hole	
County 19-Florence	Waterbody ID (WBIC) 650500	Point / Outfall (or SWIMS Fieldwork Seq No) 96880768

### Sample Details

Sample Description/ Device Description

#### Integrated Sampler

Grant or Project Number CLMN-193013	Depth of Sample: <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Or Top and Bottom of Sample Interval: 0-6 <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm

### Analyses Requested

**Do not sample for chl until after May 31st.**

Chlorophyll A (if Field Filtered, give ml \_\_\_\_\_ filtered)

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Tot.- Phosphorus

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.

For lab use:

Sample Temp \_\_\_\_\_ C

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